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CONFIRMATION NO. 4945

SERIAL NUMBER 10/758,687	FILING OR 371(c) DATE 01/15/2004 RULE	CLASS 607	GROUP ART UNIT 3739	ATTORNEY DOCKET NO. MED03-12
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APPLICANTS
 Charles D. Lennox, Hudson, NH;

**** CONTINUING DATA ******* *yes - Ray*
 This application is a CIP of 10/330,638 12/27/2002 PAT 7,156,867 which claims benefit of 60/344,986 12/31/2001
 This application 10/758,687 claims benefit of 60/440,279 01/15/2003

**** FOREIGN APPLICATIONS ******* *Ray*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 04/19/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NH	SHEETS DRAWING 15	TOTAL CLAIMS 53	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>Ray D. Gibson</i> Initials: _____				

ADDRESS
21125

TITLE
Method and apparatus for managing temperature in a patient

FILING FEE RECEIVED 1666	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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